PRINTED: 07/30/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4976PRI 10/23/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4370 SMILEY ROAD SOUTHERN NEVADA WOMEN'S CORRECTIONAL CEI LAS VEGAS, NV 89115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 S 000 **Initial Comments** This Statement of Deficiencies was generated as a result of a survey conducted at your facility on 10/23/07 in accordance with the Nevada Revised Statutes (NRS) 209.382(1). NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities. 1. The State Health Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department: (a) The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in chapter 449 of NRS. (b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity. (c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal. state, or local laws.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

(a) Provide a sanitary environment to avoid sources and transmission of infections and

This Regulation is not met as evidenced by: Based on observation on 10/23/07, the facility failed to ensure that an area of the infirmary was

S 115 NAC 449.325 Infections and Communicable

Diseases

1. A hospital shall:

communicable diseases

S 115

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FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4976PRI 10/23/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4370 SMILEY ROAD SOUTHERN NEVADA WOMEN'S CORRECTIONAL CEI LAS VEGAS, NV 89115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 115 S 115 Continued From page 1 maintained in a manner that prevented the transmission of infections and communicable diseases. Findings included: During a tour of the examination/physician's office, it was found that the room did not contain the necessary equipment to deal effectively with a blood spill. S 127 NAC 449.327 Sterile Supplies and Medical S 127 Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (b) The standards developed by the Occupational Safety and Health Administration for the preparation, sterilization and storage of such supplies and equipment This Regulation is not met as evidenced by: Based on record review on 10/23/07, the facility failed to provide documentation necessary to determine if the sterilization process met with the standards developed by the Occupational Safety and Health Administration (OSHA). Findings include: The employee responsible for sterilizing supplies and equipment was identified as the dental technician, Employee #14. The dental technician was not on duty the day of the survey. A staff nurse and the director of nursing were instructed to have the dental technician call the surveyor.

Multiple messages were left on the employee's voice mail. As of 12/3/07, the dental technician has not returned any calls to the bureau.

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4976PRI 10/23/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4370 SMILEY ROAD SOUTHERN NEVADA WOMEN'S CORRECTIONAL CEI LAS VEGAS, NV 89115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 129 NAC 449.327 Sterile Supplies and Medical Equipment 3. If the supplies and equipment are sterilized on the premises of a hospital, the process of sterilization must be supervised by a person who has received specialized training in the operation of the process of sterilization, including training in methods of testing the process to verify the efficiency of the process of sterilization. This Regulation is not met as evidenced by: Based on record review on 10/23/07, the facility failed to provide evidence the individual responsible for sterilizing equipment and supplies had the proper training. Findings include: The employee responsible for sterilizing supplies and equipment was identified as the dental technician, Employee #14. The dental technician was not on duty the day of the survey. The staff nurse and the director of nursing did not provide this information or have the dental technician contact the surveyor. As of 12/3/07, the dental technician has not returned calls to the bureau. S 161 S 161 NAC 449.337 Dietary Requirements 2. The menu for a patient must meet the nutritional needs of the patient in accordance (a) Recognized dietary practices; and (b) The orders of the practitioners responsible for the care of the patient. This Regulation is not met as evidenced by: Based on observation and interview the morning of 10/23/07, the facility failed to have written menus that met the orders of the practitioners responsible for health care.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVS4976PRI		B. WING		10/2	3/2007	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, STA	ATE, ZIP CODE	10/2	0.200.	
SOUTHER	N NEVADA WOMEN'S C	CORRECTIONAL CE	4370 SMILE	EY ROAD S, NV 89115				
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S 161	Continued From page	e 3		S 161				
	Findings include: The Culinary Manage therapeutic diets were	er indicated the followin e ordered:	g					
	12 diabetic 1 mechanical soft tex 2 bland 7 for pregnancy 2 low cholesterol 45 alternative ("veggi							
	The menus offered for modifications for the	or review did not indicat therapeutic diets.	e					
S 175	NAC 449.338 Dietary	Services		S 175				
	food, a hospital shall: (a) Comply with the s chapter 446 of NRS a pursuant thereto This ELEMENT is no Based on observation 10/23/07, the culinary	tandards prescribed in and the regulations ado of met as evidenced by:	pted					
	Findings include:							
		ulinary department the the following observation	ons					
	A small bowl was obs storage container.	served in the cornstarch	n bulk					
	The Culinary Manage	available at the hand sing or stated that a nailbrus in his office. He indicat	h was					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SU COMPLET		
		NVS4976PRI				10/2	3/2007	
' '		STREET ADD	T ADDRESS, CITY, STATE, ZIP CODE					
SOUTHER	N NEVADA WOMEN'S C	ORRECTIONAL CE	4370 SMILE	EY ROAD S, NV 89115				
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S 175	Continued From page	e 4		S 175				
	that none of the work the nail brush.	ers had requested to us	se					
S 176	NAC 449.338 Dietary	Services		S 176				
	serving of food, a hos (b) Obtain the necess of health protection s of the department of This Regulation is no Based on interview o	eary permits from the bustervices of the health div	vision : v					
	Findings include:							
	chapter 446 of NRS (er indicated that the formed for compliance of Nevada Revised Statue was not available in the	e) for					
S 183	NAC 449.3385 Dietar	y Personnel		S 183				
	Personnel of the d(a) Be trained in basic sanitation;							
	Based on an interview	ot met as evidenced by: w the morning of 10/23/ rovide in-service trainin r consultant.	07,					
	Findings include:							
		ulinary department, the at the food service wor						

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SUF COMPLET			
		NVS4976PRI		B. WING		10/2:	3/2007		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, STA	TE, ZIP CODE				
SOLITHEDN NEVADA WOMEN'S COPPECTIONAL CELL				SMILEY ROAD VEGAS, NV 89115					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE		
S 183	Continued From page	e 5		S 183					
	dietitian manager or c written documentation in-service training in to sanitation to the work documentation that tr making menu substitu menu to meet the need receiving therapeutic documentation that tr	aining had been given utions from the regular eds of those women diets. There was no aining had been given lorie regular menu to a ually 1500 calories,	no ided d for						
S 219	distributed in a manner applicable state and for This Regulation is not Based on observation failed to control drugs consistent with state at Findings included: During a tour of the information of 10 the liquid glucose prepatients for glucose to refrigerator that was I	als must be controlled a er which is consistent w federal laws. of met as evidenced by: n on 10/23/07, the facilits and biologicals in a ma	vith ty anner oms at o	S 219					
S 239	in accordance with ap	ications must be mainta		S 239					

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Employee #2 - The Director of Nurses (DON) reported the employee was a licensed practical nurse. The employee's file did not contain a copy

of a valid Nevada State Nursing license.

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SOUTHERN NEVADA WOMEN'S CORRECTIONAL CEI		4370 SMILEY ROAD LAS VEGAS, NV 89115					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI	JLL PI	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
S 339	Continued From page 7 Employee #11 - The employee's file contained an		39				
	expired Basic Life Support card dated 10/14.						
S 340	NAC 449.363 Personnel Policies		40				
	5. The hospital shall ensure that the health						
	records of its employees contain documente evidence of surveillance and testing of those						
	employees for tuberculosis in accordance wi						
	chapter 441A of NAC.						
	This Regulation is not met as evidenced by: Based on record review on 10/23/07, it was						
	determined the facility did not ensure that 5	of 13					
	nursing staff were in compliance with NAC 4	41A.					
	Findings include:						
	The tuberculosis tracking file for correctional						
	center staff was reviewed. The file indicated Employee #1, #6 and #13 had tested positiv	I					
	tuberculosis (TB) when they began their	e 101					
	employment. The file did not contain copies						
	their negative chest x-ray reports. The file d contain a 2007 Tb symptom surveillance for						
	Employee #13. The file did not contain any						
	evidence of TB testing for Employee #8 and	#10.					
S 590	NAC 449.391 Dental Services	S 5	90				
	1. If a hospital provides dental services, the						
	services must be well-organized and provide						
	accordance with nationally recognized stand of practice.	iards					
	This Regulation is not met as evidenced by:	:					
	Based on record review and interview on						
	10/23/07, it was determined the facility did n ensure that 1 of 12 inmates received dental						
	Findings include:						

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

The dental staff was not on duty the day of the survey. An evaluation of their licenses was not conducted. A staff nurse and the director of nursing were unable provide the necessary evidence and were instructed to have the dental

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4976PRI 10/23/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4370 SMILEY ROAD** SOUTHERN NEVADA WOMEN'S CORRECTIONAL CEI LAS VEGAS, NV 89115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 593 Continued From page 9 S 593 technician, Employee #14 call the surveyor. Multiple messages were left on the employee's voice mail. As of 12/3/07, the dental technician has not returned any calls to the bureau.